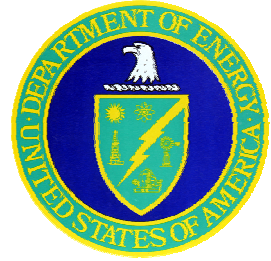




**Bechtel Nevada**  
**Weapons of Mass Destruction Training Program**  
P.O. Box 98521  
M/S: NLV110  
Las Vegas, NV 89193-8521



(Please print clearly or type application)

I am interested in attending the **WMD Radiological/Nuclear Responder Operations Course**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **MI** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_  
(Student identification use only)

**Commercial Driver's License #** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Department/Agency/Office Address**

**Email Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Department/Agency/Office Telephone Number:**

**Department/Agency/Office Fax Number:**

\_\_\_\_\_

\_\_\_\_\_

**Professional Experience:**

My current job is: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*State Coordinator: \_\_\_\_\_ Date \_\_\_\_\_

\*Approval signature required.

Before mailing application ensure that you have filled in all requested information on the

1. Application
2. U.S. Dept. of Energy Security form
3. Bechtel Nevada Medical questionnaire

Forward application and required forms to your State Emergency Management Coordinator. If you have any questions you may call: 702-295-3224.

**Privacy Act Statement**

The information requested on this form is protected by the Privacy Act of 1974. The purpose for requesting this information is to enable proper processing of your information for access to the U.S. Department of Energy, Nevada Operations training facilities. Failure to provide the requested information may preclude processing your training request.